	MARYLAND STATE D	EPARTMENT OF	HEALTH-BALTIM	ORE, 18	
	4781 CE	ERTIFICATE OF	DEATH	04767 Reg. Dist. No.	
	1. PLACE OF DEATH a. COUNTY TA160+	MARYLAND 2. USUAL RI		If institution: Residence before admission) of Caroline	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  E. A. S. F. O. 210	F STAY IN 16 c. CITY O	R TOWN (If outside carporate lin	nits, write RURAL and give rearest town) RFD Greensbor	70
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASton Memorial Hos	o, tal	TADDRESS	e. IS RESIDENCE ON A FARM? YES NO	2
	(Type or print) Cugust	o. Brog	lost 4. DATE OF DEATH	2011 24 195	9
	177777	VORCED   MARCI	57 1877 lost	E (In years if UNDER 1 YEAR IF UNDER 24 HR Manths Days Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done during most of warkingslife, even if retired)  Returned Farmer none	e .	HPLACE (State or foreign country) France	Upited State	TRY
	13. FATHER'S NAME  august P. Brogles	y Jas	ephine Kirk	choff	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (17 sp., no. or unknown) (17 yes, give wor or dates of service)  2/7-36-6	0232 Lena	Brogley	Greenslow, ma	۷.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	0	insufficies	INTERVAL BETWEEN ONSET AND DEATH	
	Canditians, if any, which gove rise to immediate couse (a), stating the under lying cause last.  DUE TO  (b)  DUE TO	I arteriose	leresia	Unknou	J)
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		JURY OCCURRED. (Enter nature	e of injury in Port I or Part II of i	tem [8.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRI Hour a. ft. 19 work of work of work	factory, street, af	Y (Home, farm, fice bldg., etc.)	rn) (County) (Slat	le)
		that death occurred o		., 19.59, that I last saw the decea causes and on the date stated abo	
	ACTUAL Robert W. Trever	M.D	ADDRESS (Street, ci		
	PHYSICIAN'S ROBERT W. TREI	VER	Easton Md.	,	
	Survey 4/27/59 Hole	F CEMETERY OR CREMATORY	Dreen	Storo, md. (State)	
	23. JUNEPAL DIRECTOR'S SIGNATURE ADDRESS	orea ma.	DATE APR 3 0 '59	24b. REGISTRAR'S SIGNATURE Oribus S. Frank	

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### 04768 480: **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed o. COUNTY b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest towd) 1000 28 W60 d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION de STREET\_ADDRESS e. IS RESIDENCE ON A FARM? 34 6X 0 YES NO NAME OF 4. DATE First Middle Month Day Year DECEASED DEATH (Type or print) 195 ac 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 7. MARRIED T NEVER MARRIED DATE OF BIRTH Months Days Hours DIVORCED [ 63 yrs. WIDOWED D 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer U.S.A. and carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME McKeney 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. Sherwood CAUSE OF DEATH [Enter only one couse pertine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while ot work of work 21. I certify that I attended the deceased from 3/ 19\_2/ that I last saw the deceased and that death accurred at 5: 32HM, from the causes and an the date stated above. alive on/L DATE SIGNED ACTUAL O FUNERAL D PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) 0 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A15 (4) Civiling & DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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04769 Reg. Dist. No.

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auring most of working life, even if refired)  APPYER  APPYER  BY GOKS  S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  If yes, give wor or dates of service)  IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse [o], stoling the under:  If ying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFY YES  OO. ACCIDENT WAS UNDERLYING (c)  CO. ACCIDENT WAS UNDERLYING (C)  CO. ACCIDENT WAS UNDERLYING (C)  While of work of two w	R 24 HRS, Min.
3. FATHER'S NAME  PRYN BYOOKS  S. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INBORMANT  Ves. no. or unknown)   19 yes, give wor or dotes of service)   16. SOCIAL SECURITY NO. 17. INBORMANT  Address   18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).    PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS PERFECT OF CONTRIBUTING COUSE (o) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  200. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)    201. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)    202. TIME OF INJURY Month, Day, Year 204. INJURY OCCURRED While of work	COUNTRY
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21. 1 certify that 1 attended the deceased from 2/2/, 1958, ta 4/7, 1959, that 1 last saw the	(State)
alive an	
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20. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Storage 2)	è,
3. FINERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  DATAPH 2 1 '59  CITIMA S. FERMA	

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within 24 haurs after stelly filled in by the Pages 1 and 2 that	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. STREET/ADDRES
thin 24 ho y filled in lages 1 a	3. NAME OF DECRASED (Type or print) MARY Francis	5 Brumme
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	2//
d comple d comple n papers. death.	10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR during most of working life, even if retired)  2. 2 607 67  Domest	INDUSTRY 11. BIRTHPLACE (
cian and carbon	13. FATHER'S NAME MURRAY R. Brummell	14. MOTHER'S MAID
g physici remove 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give wor or dotes of service)	17. INFORMANT
requires that the death certificate be executed an.  n signed by the attending physician and comple is the permit. Then please remove carbon papers, and any event within 72 hours after death.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ord (c).] PART I, DEATH WAS CAUSED BY:	Olheso
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ACIAN: The law readlending physician artificate has been as the burial-transit on, ar remayal, and	PORT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injur
PHYS Il or nis ce use use		20e. PLACE OF INJURY (Hame, foctory, street, affice bldg.
DING hospite After t hed for riol, cr	21. I certify that I attended the deceased from 20 All alive on 1 10 21c, and that	Jeath occurred at
0 0 0	ACTUAL SIGNATURE K. HOLLO WILLY	My M.D. Per
OSPITAL OR y be retained y be retained y a 3 should by registrar prior	PHYSICIAN'S NAME (Type)	
HOSPHI UNER Ge 3 s ge 3 s r regist	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMET	ERY OR CREMATORY

ADDRESS

UNERAL DIRECTOR'S SIGNATUR

TH Reg. Dist. No (Where deceased lived. If institution, Residence before admission) b. COUNTY (If outside corporate limits, write RURAL and give nearest town) BAK e. IS RESIDENCE ON A FARM? YES NO 4. DATE OF DEATH Month Day Yeor 195 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours yrs. State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MOGYE Address INTERVAL BETWEEN [ERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TEL y in Port I ar Part II of item 18.) 20f. (City or town) form, (County) (State) , etc.) 19 57 that I last saw the deceased ...M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) 22d\_LOCATION (City, town, or county) (State) Ma 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 9 arthur S. Haus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Tal bot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  rural St. Michaels	x c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Oxford
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Rio Vista Nursing Home	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   In the state of the state
Female White WIDOWED DIVORCED	July 30, 1873 85 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDU housewife	JSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Davis	UWKNOWN
	INFORMANT Address
	Mr. Thompson Roth Oxford, Maryland
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  IMMEDIATE CAUSE (a)  DUE TO  DUE TO  (b)  DUE TO  (c)	olie cardio vasulard.
3 Semile changer-mark	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DED. (Enter nature of injury in Port I or Part II of item 1B.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, farm, cotory, street, office bldg., etc.) (City or town) (County) (State)
PHYSICIAN'S NAME (Type) Dr. Guy M. Reeser, Jr.  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
Burial May 2, 1959 Oxford Ceme  23. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Newmam & on Easton, Md.	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be ached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, ar remaval, and in any event within-72 hours after death.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4782 CERTIFICATE OF DEATH

()4772 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE AND b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	n'earest town) ANN
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MILLARD (1140)	Death ADRIL	Doy Yeor 1959
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WHITE WIDOWED DIVORCED	MARCH 25, 1890 los birthdoy) Months Do	EAR IF UNDER 24 HRS.  198 Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  TATE ROAD  ROAD	JSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZE	U.S.A.
13. FATHER'S NAME  OTHO  BULL	14. MOTHER'S MAIDEN NAME	TIFFLER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. (16s. no. or ynknown) (If yes, give wer or dates of service) 2/7-36-1808	INFORMANTIFIEM BUILT SUPERSU	TILLE MD.
18. CAUSE OF DEATH [Enter only one couse per fine for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ACCUMANCE  IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which ) (b) Landburk	in leuchenia	
gove rise to immediate couse (a), stating the under- lying couse last.  DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20g. ACCIDENT WAS UNDERLYING D  20g. ACCIDENT WAS UNDERLYING D  10 CONTRIBUTING D'CAUSE OF DEATH  11 (IF EITHER, NOTHEY MEDICAL EXAMÍNER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	9) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Port) or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. 11.  p. m. 19 of work pt work	LACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	nty) (Stote)
21. I certify that I attended the deceased from 3-30 alive an 12 , and that death	EET LIFTS	t saw the deceased
ACTUAL SIGNATURE DELL'HAMMENT	M.D. 219 SADDRISS (Street, city or town, stote) M.D. 119 SWESHITE TONS	DATE SIGNED
PHYSICIAN'S E. C. H. Schirich	Ezston M. Mary	lend
220. BYRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CHAFTERY COMMOVAL (Specify) April 2/959 Fraderse	OR CREMATORY 22d. LOCATION LIVY, town, or county of the co	mal.
23. FUNERAL DIRECTOR'S SIGNATURE Color Millingto	by med, DANPR 1 4'59 246. REGISTRAR'S SIGNAL	

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CERTIFICATE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4805 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY				2. USUAL RESI	DENCE (Whe	ere deceased I	ived. If instituti	oni Residenci	e before odmi	ssion)
Talbo			MARYLAND		yland				albot	
B. CITY OR TOWN RURAL ond give	(If outside corporate limit nearest town)	ts, write	c. LENGTH OF STAY IN 16	e. CITY OR	TOWN (If ou	utside corporo	te limits, write R	URAL end gi	ve nearest tov	vn)
Whitt	man		Life	X W	aittm	an				
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, g	ive street (	oddress)	d. STREET	ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED	Fir	st	Middle	lo	st	4. DATE	Mon	th /	Day	Year
(Type or print)	John	R	C	coper	( HIV.)	DEATH		418		1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRT	Н	9.	AGE (In years		YEAR IF UND	ER 24 HRS.
7/1	Col	WIDOWE	D DIVORCED	10/2	/ An	prox	lost birthdoy) 7 () yrs.	Months [	Days Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHP				12. CITIZ	ZEN OF WHA	T COUNTRY?
during most of we	orking life, even if retired	)	0			16.3		_		Α.
13. FATHER'S NAME	rman		Oyster	14 MOTHER'S	Maryl			1	J.S.A	1.0
13. PATHER'S NAME										
John	Westley				y Hyn	son				
15. WAS DECEASED EV (Yes, no or unknown)	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFORMANT			Add			
				Mary I	E. Co	oper	Whitt	man, N	Id.	
18. CAUSE OF DE	EATH [Enter only one co	use per lin	e for (o), (b), and (c).]	n	Pro-				INTERVAL E	ETWEEN
PART I. DE	EATH WAS CAUSED BY:	. (4)	Diminera (	alles.	400	b na			ONSET AN	D DEATH
16.3×	IMMEDIATE CAUSE (o		in the second		17		1		10.00	
7 0,00	DUE TO	12.	x 11	12/2020	Kom	elTI	They		100	201-000
Conditions, if		100	1 to being			6	Well-		6	2 4 100
couse (o), stoting		69	11811							
lying couse lost	_ , ,	1 60	7011	166						
PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19. WAS	AUTOPSY ORMED?
3										NO
PART II. O  PART II. O  PART III. O  PART III. O  PART III. O  PART III. O	VAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture o	of injury in Po	ort I or Port I	of item 18.)			
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)									
		or 20d IN	NJURY OCCURRED 20e. PL	ACE OF INJURY	Home form	20f ICity o	s town)	IC.	ounty)	(Stote)
20c. TIME OF INJU		While	Not while fo	ctory, street, offic	e bldg., etc.)	)	. 1041.17	(00	ouniyj	(sidie)
₹ p. m.	. 19	ot worl	of work			1/	0/			
21. I certify t	that I attended the	decease	ed from Slat	, 192	, tolly	1461	1 8 1955	athat I lo	ast saw the	deceased
alive on	MICKIE	19-	9 and that death	occurred at	6 A	M. from	the causes o	and on the	e date sta	ted ahave
1	5		7		7-7-		el, city or town,			ATE SIGNED
ACTUAL L	must no	11/4	19-0-	1	1//	17/4	111	1/	11/1	P/2 /
SIGNATURE	-	7 6		M.D		and of the	[		f	H.KOf
PHYSICIAN'S NAME (Type)	604/	41	REESER S	Ya						
	ION, 226. DATE THEREC	)F	22c. NAME OF CEMETERY C	R CREMATORY		22d. LOCATIO	ON (City, town,	or county)	(Ste	ote)
REMOVAL (Specify	x /27/5	9	Richards	Cem.		Eas	ton		Md.	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	O Ozne	240 REC'D	BY REGISTRA		STRAR'S SIGI		
		-		r.a	10	PR 2 7 '5	0			
James	B. Dashiel		Easton. N	10.	DATE		U	other of	March	

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		4.	1	431	New York	AND STATE
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	Maria Maria					A RESIDENCE

### CERTIFICATE OF DEATH 4784 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND deoth. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) RURAL and give negrest town) hours after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MORE YES NO NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH 10 5. SEX 6. COLOR OR RACE 7/ MARRIED AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH NEVER MARRIED Months Days Hours WIDOWED F DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ Conditions, if any, which requires been signed gove rise to immediate 2 DUE TO couse (o), stoting the underlying couse lost burial-transit ond PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? d YES X NO [ 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) Hour o. n. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that Vattended the deceased from to 19\_\_\_\_that I last sow the deceased olive on and that death occurred ot M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Richardson Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE '59 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
400h			

**CERTIFICATE OF DEATH** 

04777

Reg. Dist. No.

1	I. PLACE OF DEATH O. COUNTY	MARYLAND 2. USUAL RESIDER	NCE (Where deceased lived. If institution:	Residence before admission)
).	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Withauls	TH OF STAY IN 16 c. CITY OR TO	NN (If outside corporate limits, write RUR retrievells	AL and give nearest town)
)	d. NAME OF HOSPITAL (If not in hospitol, give street address) or institution has been husing from	d. STREET ADD	RESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) SADIE	B BAFFOR	4. DATE Month OF DEATH April	Day Year 7 1919
	5. SEX  6. COLOR OR RACE 7. MARRIED NE  What Widowed Widowed	DIVORCED 1 april 27-	1873 lost bighday) N	UNDER 1 YEAR IF UNDER 24 HRS. Annths Days Hours Min.
	10a. USUAI OCCUPATION (Give kind of work done during prost of working life, even if retired)  Hause	evife Juge	Essale Mary Pand	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME Dearge Favin Bran	m Sop	hia Islam	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE (Yes. no. or unknown) (If yes. give wor or dates of service)  M. Mo	ne Mig Susie	N. Barrett, 3018 Ne.	edian Ct Wil. Del.
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  L4 4 3 X  DUE TO  Conditions, if any, which gove rise to immediate	ral Vageulau rtensive Car	Mecident liousseder b	INTERVAL BETWEEN ONSET AND DEATH
	couse (a), stating the under. DUE TO BEHC.	valized Ar	Terro selerosis	10 yrs.
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT			I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 2
	OR CONTRIBUTING LI CAUSE OF DEATH	W INJURY OCCURRED. (Enter nature of in	jury in Part 1 or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not of work of work	while factory, street, affice bl	ne, form, dg., etc.)	(County) (Stote)
/	21. I certify that attended the deceased from alive on AMAN 1959.,  ACTUAL SIGNATURE  PHYSICIAN'S R. LANE WROTH		to Affect, 1957, 1	
	Burel afril 10-59 Cl	ME OF CEMETERY OR GREMATORY—	22d. LOCATION (City, town, or c	Mary land
	123. FUNERAL DIRECTOR'S SIGNATURE ADD		to. REC'D BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE

### 4785 CERTIFICATE OF DEATH director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ausside corporate limits, write RURAL and give rearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS 080 OR INSTITUTION 3. NAME OF First Middle 4. DATE Last Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 8. DATE OF BIRTH DIVORCED T WIDOWED T yrs. 10a. USUAL OCCUPATION (Give kind of work done done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPS) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Hour a. n. factory, street, affice bldg., etc.) Not while at work at work p. m. 21. I certify that I oftended the deceased from. 19 5 that I last saw the deceased olive on and that death occurred at M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ploods PHYSICIAN'S NAME (Type) COY MDE MARYLAND BURNAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATOR 22d. LOGATION (City, town for county) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTEAR 246. REGISTRAR'S SIGNATURE VS A15 (4) arihur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY

Days

(County)

ON A FARM? YES NO [

Year

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10	L	4786 CERTIFICATE OF DEA	TH Re	g. Dist. No.
Filed Wit		6. COUNTY TO 160+ MARYLAND O. STATE	(Where deceased lived. If institution: R. b. COUNTY	incoGeorge.
2	L	EOSTEO 2/8/3 Cottage	(If outside corporate limits, write RURAL	(-2
080		d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION. Easton Nemorial Nospital 3723-	38 ale	e. IS RESIDENCE ON A FARM? YES NO
o con con con con con con con con con co		NAME OF DECEASED (Type or print)  First Middle Lost  According to the control of	4. DATE OF Month	Day Year 13 195 9
r.	L	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED DIVORCED DOCUMENTS	20 1898 ( Cost birthdoy) Mo	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
an pape death.	Ĺ	dyring most of working life, even if retired) 4.5. Sovernment 10.	sachites !	12. CITIZEN OF WHAT COUNTRY?
ve carb	13.	FATHER'S NAME S. Harris Bridg	et murpl	hy.
se remo	W.	WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)	7m. Harris	Son
en plea nt withi		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y (accident	INTERVAL BETWEEN ONSET AND DEATH
and The		Conditions, if any, which) (b) Heretunging Cards	in Vageulart	200
ond in a	-	gove rise to immediate couse (a), stating the under-lying couse lost.		
io i io	CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TE		N PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
the bu	AL CERTIF	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ar use or remation	MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. jt. p. m. 19 20d. INJURY OCCURRED While Not while of work of work of work 7	farm, etc.) 20f. (City or town)	(County) (State)
sched fo	1	21. I certify that I attended the deceased from 12 1000, 19 27, to alive on 12 1000, 19 27, and that death accurred at 3.44		at I last saw the deceased on the date stated above.
be ior to b		ACTUAL SIGNATURE A. True Whith M.D. 1301 481	ADDRESS (Street, city or town, state	
shauld strar pr		PHYSICIAN'S NAME (Typo)		
poge 3	6	gremoval (Specify) 4/15/59 Fort Sinesoln	Colmar m	unity) (State) Kayor, Md
5 (4) 2/55	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Address  Painin DATE	REC'D 8Y REGISTRAR 24b. REGISTRAR	R'S SIGNATURE
		Yaz c		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPAR	TMENT OF HEALTH—BALTIMO	
4787 CERTIFI	CATE OF DEATH	()478() Reg. Dist. No.
of MARYLAI	2. USUAL RESIDENCE (Where deceased lived. o. STATE  MARY AND b.	If institution: Residence before admission) COUNTY  ARO IN R
corporate limits, write c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limi	ts, write RURAL and give rearest town)
E4stoN .	Henderson	05 X = 2 1
emokin Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
First / Middle	Mediosed 4. DATE OF DEATH	Month Day Year 7 19 5 9
OR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	Jon. 7 1873 8	(yrs. Months Days Hours Min.
kind of work done 10b. KIND OF BUSINESS OR II Willer	NDUSTRY 11. BIRTHPLACE (State or foreign country)  MARY AN 4	12. CITIZEN OF WHAT COUNTRY?
Med ford	14. MOTHER'S MAIDEN NAME TANE WULL	AH
ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Address
220-32-0190	Roy Medford of	enderson md.
er only one couse per line for (o), (b), and (c).]	- 0 V	INTERVAL BETWEEN
CAUSED BY: ATE CAUSE (o)		ONSET AND DEATH
DUE TO	7	
h) the		
(b)		
(c)		
	BUT NOT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
		PERFORMED? YES NO
LYING   20b. DESCRIBE HOW INJURY OCCI E OF DEATH EXAMINER)	URRED. (Enter nature of injury in Port I or Port II of ite	<u> </u>
, Day, Year 20d. INJURY OCCURRED 20. While Not white at work of work	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (Stole)
ended the deceased fram.	20,1957, ta 4/7	, 195 5, that I last saw the deceased
-71	nath assurand at 1179 N form the	
12 Col	ADDRESS (Street, city	causes and an the date stated abave. y or town, state)  DATE SIGNED
Cox	FAStON	Md
DATE THEREOF 224 NAME OF CEMETER	RY OR CREMATORY 22da LOCATION (CI	ty, town, or county) (State)
110/59 Arean	Drawn Stroom	1 Ornon Md.
TURE ADDRESS	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
Pais Areens Oro	20 Md DATE APR 9 '59	Arthur & Krons

VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4788

**CERTIFICATE OF DEATH** 

04781 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If aytside carporate limits, write RURAL and give rearest town)
RURAL and give nearest town) EASTAN 32, TVT.	Henderson 05x-2 1
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO I
3. NAME OF DECEASED (Type or print) HARRY	Melvin 4. DATE OF Month Day Year OF DEATH CIPTIE 6 1959
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.    Months   Days   Hours   Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IN	11111 402,1011
Retered Tarmer none	MARY HAND USA
13. FATHERS NAME LOIN	14. MOTHER'S MAIDEN NÂME
(Yes, see or enknown) (If yes, give war or dates of service)	7. INFORMANT Address
10 CAUSE OF DEATH S	Julia Mercur Herderson ma.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
1190 X DUE TO	
Conditions, if any, which ) (b)	
gave rise to immediate	
lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
R-it D	PERFORMED? YES NO 7
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) (City or tawn) (County) (State)
21. I certify that I attended the deceased from.	, 19, to, 19,that I last saw the deceased
alive an, 19, and that de	130-
Ph P	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE MA	M.D. FASTON, Md
PHYSICIAN'S P. E. COX Md	EAStoN, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d, LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE () // ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
7.6. Boulain Tree nes Oroza	Wel DATE APR 9 '59 arily 8 th

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7,700

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1. PLACE OF DEATH a. COUNTY Ta.	lbot		MAR	YLAND	2. USUAL RESIDER o. STATE Ma.r	vlan		lived. If instituti b. COUNTY		bot	e odmiss	ion)
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limited town)	nits, write	c. LENGTH OF STAY	'IN 1b	c. CITY OR TO	WN (If or	utside carpor	ate limits, write R			est town	1)
Easton		77.352	life		40 East	on						
d. NAME OF HOSPI OR INSTITUTION 17 Auro		give street a	ddress)		d. STREET ADD	RESS	a St			•	ON A	FARM?
3. NAME OF DECEASED		irst	Middle		Lost		4. DATE	Mor	ath	Day		Year
(Type or print)	TOHN	LEWIS	S MULLI	EKTM		323	OF DEATH		5. 195			19
5. SEX	6. COLOR OR RACE		EDA NEVER MARR	***************************************	DATE OF BIRTH				IF UNDER	_		
Mal e	White	WIDOWE			E-1 10	105		P. AGE (In years lost birthday)	Months	Days	Hours	Min.
100. USUAL OCCUPATI	ON (Give kind of work	done 10b. K	Last .		Peb. 18.	E (State o	or foreign co		12 CIT	ZEN OF	WHAT	COUNTRY
auring most of wor	king life, even if retired	d)										CODIVIK
1aborer 13. FATHER'S NAME					14. MOTHER'S MA	ylan				_U	S.	
	Mullikin				Lou	isa	Winter	bottom				
15. WAS DECEASED EVI (Yes, no, or unknown)	(If yes, give war or dates of		OCIAL SECURITY NO	).  17. IN!	FORMANT			Add	ress			
		21	8-34-9755	M	r. Arlie	Mull	ikin	Eastor	Md.			
18. CAUSE OF DE	ATH [Enter only one c	ouse per line	for (a), (b), and (c)	-] \	0	TI-D	1			INTER	VAL BE	TWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (	01 41	PAPPELI	(2)	(arci	406	un fe	sid		ONZ	AND	DEATH
177X	DUE TO		2 (	)		1					1	
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PART II. OT	HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH		DNTRIBUTING TO DE						'EN IN PART	1(a) 19	PERFO YES	AUTOPSY RMED? NO 7
OR CONTRIBUTING	MEDICAL EXAMINER)											
20c. TIME OF INJUING Hour o. n. p. m.	RY Month, Day, Ye	or 20d. IN. While at work	JURY OCCURRED  Not while	20e. PLAC	CE OF INJURY (Hor ory, street, office bl	ne, farm, dg., etc.)	20f. (City	or town)	(C	ounty)		(Stote)
	nat I attended the			111	1057	A	4-1	14 ,5		-		
	idi i dilendea ine	. 5	-4	-1	Yalada	200		7, 192				decease
alive on	717	ر 120	and that	death o	accurred at /		.M, fram	the causes o	ind an th	e date		
ACTUAL	Mi	CRA	1			^	DORESS (Str	et, city or town,	state)	21	DA	TE SIGNE
SIGNATURE	100		1)-	М	.D					4	1_4	3/
PHYSICIAN'S NAME (Type)	Dr. Shepa	rd Kre	ch. Jr.				Eas	ton. Md.			/	
220. BURIAL, CREMATIC	ON, 22b. DATE THEREG	OF	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCATI	ON (City, town,	or county)		(Stote	e)
Burial (Specify)	Apr. 8.	1959	Spring H	ill c	emetery		East		land			
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			a. REC'D	BY REGISTR		TRAR'S SIG	NATURE		40 '
Maurice E.	Newnam &	Son	Easton, M	aryla		ATE AP			Thung &			

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MARYLAND STATE DEPARTMENT OF REALTH-BALTIMORE, 18

VS A15 (4) 15M 9/55

1. PLACE OF DEATH

NAME OF DECEASED

5. SEX

CERTIFICATION

MEDICAL

(Type or print)

13. FATHER'S NAME,

80

b. CITY OR TOWN (If ou

OR INSTITUTION

10a. USUAL OCCUPATION during most of working

IS. WAS DECEASED EVER IN

CAUSE OF DEATH PART I. DEATH

Conditions, if any,

gave rise to imm cause (o), stating the lying cause last.

PART II. OTHER

p. m.

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

RURAL and give neare d. NAME OF HOSPITAL

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	
4792 CERTIFICA	ATE OF DEATH Reg. Dist. N	785
7/bot MARYLAND	2. USUAL RESIDENCE (Where deceded lived. If institution: Residence bet a. STATE b. COUNTY	ore admission)
Itside corporate limits, write c. LENGTH OF STAY IN 1b at town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give in	earest lown)
Approximately and the special of the	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
First // Middle	Pastochel DEATH Pril 4	year 1959
COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Man 15, 1874 Sot Withday) Months Days	R IF UNDER 24 HRS. Hours Min.
(Give kind of work done 10b. KIND OF BUSINESS OR INDU life, even if retired)	STRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN	S A COUNTRY?
Stenens	14. MOTHER'S MAIDEN NAME  ARVILLE ARSONS	
I U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
[Enter only one cause per-line for (o), (b), and (c).  WAS CAUSED BY: MEDIATE CAUSE (q).		TERVAL BETWEEN, ISET AND DEATH  Colored
which ediate under-	rote andimenentalis	5 years
(c) Heapley	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19. WAS AUTOPSY
uting Heart	D. (Enter nature of injury in Part I or Part II of item 18.)	PERFORMED? YES NO
19 While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County street, office bldg., etc.)	) (Stote)
1 -11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Chrone di Inklu anti-	

20g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE 20c. TIME OF INJURY Hour a. n.

21. I certify that I attended the deceased from 17/1/21/11, 1921, to 19\_\_\_\_,that I last saw the deceased and that death occurred at M, from the causes and on the date stated above. alive on

ADDRESS (Street, dif or town, state)

22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tower, or county)

220. BURIAL, CREMATION, 23- PUNERAL DIRECTOR'S SIGNATURE ADDRESS

24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE APR 1 3 '59

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4793 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN/(If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town! d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS OR INSTITUTION NAME OF First 4. DATE Middle Last Month OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 8. DATE OF BIRTH 9. AGE/(In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths WIDOWED [ DIVORCED | 10 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending MONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Pe PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.) o. n. While Not while p. m. at wark at wark Lattended the deceosed from 21. I certify that 19\_\_\_\_that I last saw the deceased alive on and that death occurred M, from the causes and on the date stated obove. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

04786

Day

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(State)

DATE SIGNED

(State)

(County)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATUR

arthur

24a. REC'D BY REGISTRAR

DATE APR 1 4 '59

e. IS RESIDENCE

ON A FARM? YES NO D

Year

195

Min.

0 VS A15 (4) 15M 9/55

22a. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

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	MARYLAND STATE DEPARTM Item 1 FilmG241	IENT OF HEALTH—BALTIMORE, 18
	4807 CERTIFICA	ATE OF DEATH  Reg. Dist. No.
	1. PLACE OF DEATH + A/bot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARY 12.00 b. COUNTY Talbot
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrets town)  2 ma	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
	d. NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION  Mather's home	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NOTE
	3. NAME OF DECEASED (Type ar print) NARY Belle	Pinder A. DATE Month Day Year DEATH APFIL 15 1959
	5. SEX	B. DATE OF BIRTH  OC to 23, 1929  9. AGE (In yeors last birthday)  OC to 23, 1929  9. AGE (In yeors last birthday)  Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  HOUSE wife  13. FATHER'S NAME  1.	MARYland U.S.A.
	William C. Warner	Mary E. Cooper
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or unknown)    If yes, give war or dates of service    215-26-6189	Wilson Pinder Sr. Sherwood, Md.
	18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (e)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under-	Cuaff failail Interval Between ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for work at wark 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, affice bldg., etc.)
	21. I certify that I attended the deceased fram alive on ACTUAL SIGNATURE	n occurred at M. from the causes and an the date stated abave.  ADDRESS (Street, city or town, stote)  DATE SIGNED
1	PHYSICIAN'S CHUIMARCHAL	SHIP EN STERM
	220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY C. Service C. 18/59 Shewood C.	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	13. FINERAL DIRECTOR SIGNATURE (SIED) Easter, n	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATAPR 2 1 159 Crithy & Fines

	TABLE OF DEATH	CERGIFICA	2012	
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VS A15 (4) 15M 9/SS

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4808 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

()4788 Reg. Dist. No.

PLACE OF DEATH     O. COUNTY	Talbo	t	MARYLA	ND 2.	usual Resider	NCE (Wher	e deceased	lived. If institut b. COUNTY			admission)
b. CITY OR TOWN (I	f outside corporate limi parest tawn) SNMAN	ts, write c.	Life	I 1ь ×	c. CITY OR TO	WN (If out	side corpor	ate limits, write f	RURAL ond	give neare	st tawn)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street add	dress)	1	d. STREET ADD						IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ETHE		JOYCE Middle	REY	NOLDS	- 1	OF DEATH	Apr		26,	Year 1959
s. sex <b>Female</b>	6. COLOR OR RACE White	7. MARRIED	DIVORCED		une 8,	, 191		9. AGE (In years lost birthday) 40 yrs.	Months		Hours Min.
10a. USUAL OCCUPATIO during most of work Beaut 13. FATHER'S NAME	ON (Give kind of work king life, even if retired 10 10 1 an	dane 10b. KII	ND OF BUSINESS OR			ghmar	ı, Ma	untry) ryland	12. CI	U.S.	A.
	ord Hadda	way			Clara			on			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of the		CIAL SECURITY NO.	17. INFO		1,70		Add		F 30	2300
Conditions, if or gave rise to it cause (a), stoling lying couse lost.  PART II. OTHER CONTRIBUTING	the under-  OUE TO  OU	DITIONS CON	NTRIBUTING TO DEAT	CURRED. (E		njury in Pa	rt 1 or Part	ll of item 18.)		ONSET   3 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WAS AUTOPSY PERFORMED?
	N, 22b. DATE THEREC	deceased	fram/Mark	M.D.  ERY OR CR	EMATORY	Last	DORESS (Str	the causes ceet, city or town,	and an tostote)  Or caunty)	last saw the date	(State)
23. FUNERAL DIRECTOR	s signature	rriso	ADDRESS / h	wiel	Celly 0	ATE APR	SY DECIST	AP 24h PEGI	STRAR'S SI	GNATURE Kinua	

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VS AF5 (4) F5M 9/55 M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4794

## **CERTIFICATE OF DEATH**

04789 Reg. Dist. No.

1. PLACE OF BEATH a. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived.	If institution; Residence COUNTY Tal	dence before admission) bot
b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)  ESSON	c. LENGTH OF STAY IN FB	c. CITY OR TOWN (IF o	utside carporate limi	ts, write RURAL ar	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 618 South St		d. STREET ADDRESS / 618 SO	outh Str	eet	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)  Tda	Mae	Satchell	4. DATE OF DEATH	Month April	Day Yeor 29 19 59
5. SEX   6. COLOR OR RACE   7. MARRI   Female   White   Widows		8. DATE OF BIRTH July 28, 1	880 9. AGE	(In years IF UNE month) Month	DER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK  13. FATHER'S NAME	KIND OF BUSINESS OR INDU Housewife	STRY   ff. BIRTHPLACE (SIGNA  Delaware		f2.	USA.
James R. Haddock		Mary Elle		-11	
		NFORMANT		108' S	outh St. n, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAR (  1992  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS C	MARY VISCER	AL SITE UND	ETERMINE		PART 1(o) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	iD. (Enter nature of injury in I	Port I or Port II of ite	em fB.)	YES NO N
Haur a.m. While	NJURY OCCURRED 20e. PL Not while k at work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City ar town	)	(County) (State)
21. I certify that I attended the decease alive on	and that death	occurred at	_M, fram the a	causes and ar	I last saw the deceased the date stated above DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 5/2/59	22c. NAME OF CEMETERY OF Spring Hill		22d. LOCATION (C	ty, town, or count	y) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Eastor	24a. REC'	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE  1 S. Kroud

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# 4795 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OF DEATH Reg. Dist. No. 79()

	PLACE OF DEATH		MARYLAND	O STATE	Where deceased lived. If in b. CO	nstitution: Residence	before admission)
	b. CITY OR TOWN (If outs	ide corporate limits, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (I	f outside corporate limits, v	write RURAL and give	e regrest town)
	RURAL and give nearest	•	6hrs.	Frie	malahana	05	Y - 2
		not in hospital, give street		d. STREET ADDRESS	eas swary.		e. IS RESIDENCE
		emorial Hos	P.	RT to	1 Bax 178		ON A FARM?
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Year
	(Type or print)	Helen	M.	Schema	OF DEATH A	pril.	13 1959
5. 9	EX 6. C	COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birth		EAR IF UNDER 24 HRS.
	Female	White WIDOW	VED DIVORCED	December	19,1902 57	yrs. Months Do	bys Hours Min.
I Oa	. USUAL OCCUPATION (G during most of working li	ive kind of work done 10b	KIND OF BUSINESS OR INC	DUSTRY II. BIRTHPLACE (Sta	te or foreign country)	12. CITIZE	OF WHAT COUNTRY
	Hensela	fe.	HOME	NewJE	524	4	.S.A.
13.	FATHER'S NAME		,	14. MOTHER'S MAIDEN	I NAME		
L	Ge	019 E F. Co	nlee	Mara I	reland		
15. {Yes	WAS DECEASED EVER IN I	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	,	Address	
L	No	2	119-05-8534	Husban.	of Fee	deralsbur	-9,
		Enter only one cause per l	ine for (o), (b), and (c).]			4-1-2-1-1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH W	AS CAUSED BY:	r to moderan	list interest	end		2 123
17	420.0	DUE TO	9				46-54-54
	Conditions, if any, w	vhich) (b)	interior les	tioned ret	diseased		Universal Institu
13	gove rise to immed couse (o), stoting the <u>u</u>						
	lying cause last.	) (c)					
ě			CONTRIBUTING TO DEATH B		MINAL DISEASE CONDITIO	ON GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED?
3			Prepartersi		return		YES NO []
CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	IDERLYING   20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury i	n Part I or Part II of item I	(8.)	
3	20c. TIME OF INJURY M	ionth, Day, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY (Home, fo	rm.   20f. (City or lown)	(Cov	enty) (Stote)
MEDICAL	Hour a. s., p. m.	19 While of wo	Not while	factory, street, office bldg., e	itc.)		
1		ottended the decea		, 19 <u>59</u> , to	it 12.	0' 1 11	
	olive on		50, and that dea		A 14 C 11	Y,thot I los	st saw the deceased
	Olive On	<u> </u>	z, ond mor dec	in occurred at 15×5	ADDRESS (Street, city or		DATE SIGNED
13	ACTUAL KAR	est W. There	W.	" 2132. T	Isperu St.		
				_ M.D			
	PHYSICIAN'S RO	bei W Tre	rer	Truston	v. 1 1.		
220	BURIAL, CREMATION, 2 REMOVAL (Specify)	26. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City.	town, or county)	(State)
	BURIAL 1	APRIL 16, 1959	CEDARHILL	EMETERY	BROOKLYM	MARY	CAND
23.	FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS	24a. RE	C'D BY REGISTRAR 24b.	. RÉGISTRAR'S SIGN	ATURE
	A Trample	milon >	edelatible	ura mel DATE	APR 1 6 '59	arthug & ?	Kina
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MARYLAND STATE DEPARTMENT OF HEALTH-DALTHMORE, 18

## FOR STATE HEALTH DEPT.

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AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please the writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for it files. STOR: Page 3 should be used as a burial week; permit. File pages 1 and 2 with the State Baar of Health, agent, prior to burial, cremation, or femoval, and in any event within 72 hours after death.

execute the certification of its designated	4
S. A15ME 5M 2/57	9

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ()4791 Reg. Dist. No. 479 SMEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
7-7-2	RYLAND Maryland Jupen Hine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)	Y IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Easton 4/2h1	RS. STEVENSUILLE 17x.2 V
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addr	ress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Memorial Hospital	YES NO
3. NAME OF First Middle	4. DATE Month Day Year
(Type or print) The/ma	Schuler DEATH April 2 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	
WIDOWED DIVORCE	Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS O	OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James R. Moore	Dorothy Usitton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	
[Yes, no. es unknown] (If yes, give war or dates of service) 3/8-34-78	HYJAMES MOORE CENTREVILLE MU
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSO AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	weell of which the
976 X DUE TO ()'	0 5 . 7 =
Condition is now which it is a state of	I de of the app lemel
gave rise to immediate cause	1,001,111,11
(a), stating the underlying DUE TO	
	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
05	PERFORMED?
5 m - Everand Court was	YES NO.
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	CURRED. (Enter nature of injury in Port I ar Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a. m. 4 4 - 7 1954 While at wark at wark	foctory street, office bldg., etc.) Deversues as h
21. I certify that I taok charge of the remains describe	ed above, held an Autopsy , Inspection , Inquiry , and in my
opinian death resulted fram: Natural causes , Acc	cident , Suicide , Hamicide , Undetermined manner
Ha 9 006	
SIGNATURE T- Methers Me	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
11600	ASSISTANT MEDICAL EXAMINER . L. L. L. C. C.
EXAMINER'S HE ME HOE'S DW	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME	ETERY OR CREMATORY ( [22d. LOCATION (City, town, or county) (State)
BURIAL APRILS STEV	ENSVILLE STEVENSVILLE MID.
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Cagart. Jane Church	Hell Mil DATE 159 arthur S. Harris

Section 5		
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	Et alle me	

# FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificitie, writing the word "pending" is pendil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be far and 10 the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for it files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, ar its designated agent, prior to burial, cremation, ar removal, and they event within 72 hours after death. M

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04792 Reg. Dist. No.

1.	PLACE OF DEATH  a. COUNTY  A / ba /  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE  Maryland  b. COUNTY  Ta/baf
	b. CITY OR TOWN (If outside corporate liquide write RURAL and give nearest town)  EASTELL RURAL and give nearest town)  EASTELL RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES A NO
	NAME OF DECEASED (Type or print) William RAYMOND Sharp Lost 4. DATE Month Day Year OF DEATH APP: 1 7 19 59
5.	SEX ON TO THE PRO SEX OF BIRTH  ON THE PRO SEX OF MARRIED DIVORCED
10	On USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  11. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?  13. COUNTRY?
1	LINKOW M  14. MOTHER'S MANDEN NAME  Martha Sharp
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) PRS Was Was Address Philoppa.
)[	18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  SOLUTION  IMMEDIATE CAUSE (a)
	976 X DUE TO Candilians, if any, which) (b)
	gave rise to immediate cause (a), stating the underlying DUE TO (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum NO \( \sum \)
NEDICAL.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Slate)  7 Hour a. m. 4-7-1259 at work of wor
	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner
	ACTUAL SIGNATURE AD CHIEF MEDICAL EXAMINER D DATE SIGNED
	EXAMINER'S NAME (Type)  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAM
2	20. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
2	S. FOLYERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECID BY REGISTRAR'S SIGNATURE DATE APR 1 4'59 Contains 8. Hours

89 90 MIRTHA Sharp the state of the property of the state of th The state of the s

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4797 CERTIFICATE OF DEATH

\ ()4793 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Talbot		MARYLAND	a. STATE			lived. If institution b. COUNTY			odmissi	ian)
b. CITY OR TOWN (II	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 16		Marylan TOWN (If outs		te limits, write R		Lbot give near	est town	)
RURAL and give ne	arest tawn)		40 2500	110 Fort	A.M.						
d. NAME OF HOSPIT	AL (If nat in hospitat, g	ive street	40 yrs	d. STREET						. IS RES	IDENCE
OR INSTITUTION										ONA	FARM?
	Coldsboroug		•	60	3 Golds		igh St.			YES 🗌	NO 3
3. NAME OF DECEASED	Fir	st	Middle	Los	st 4	OF DATE	Man	th	Day	,	Year
(Type or print)	HELEN		B. TOWNSEND			DEATH	Apr. 1	7,		1	19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRT	н	9	. AGE (In years lost birthdoy)	IF UNDER	-		
Female	White	WIDOW	DIVORCED	March 6	1894		65 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU			foreign cou		12. CI	TIZEN OF	WHAT	COUNTRY
during most of work	ing life, even if retired	)							77	a	
housewil	(e				yland MAIDEN NAM	45			U	. S.	
				14. MOTHER 3	MAIDEN NAM	AIE					
Jan	nes S. Pric	e				Mary	Olivia	Fraz	ier		
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress			3 8 8 9 1
			none	Everett	Townser	h	Easton	. Md.			
18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (o), (b), and (c).]	2701000	ZVRIIDUL		2000000		LINTER	EVAL BE	TWFFN
	TH WAS CAUSED BY:		M	1	0	1	7	-		TAND	
11001	IMMEDIATE CAUSE (o		rayora	com	K M	my	with.	-	- >	maly.	de
420,1	DUE TO		45 0 1	1>		6			12.		
Conditions, if ar		)	7-0	-1)					16	41	7
gove rise to in											
lying couse lost.	) (c	)									
PART II. OTH		-	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 19	. WAS A	AUTOPSY
ATI ATI										PERFO	RMED?
20a. ACCIDENT WA	S LINDERLYING []	20h DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature o	f injury in Par	t Lar Port I	Lof item 18 )			163	NO DE
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		CHIEF HOW HOOK! OCCORD	D. (Ellier Holore o			or tielli 10.,				
	Y Month, Day, Yes	or 20d. It	JURY OCCURRED 20e. PL	ACE OF INJURY	Hame, farm,	20f. (City o	er town)	((	County)		(State)
Hour o. ji.	19	While at work	TAOL MINIG	ctory, street, office	e bldg., etc.)						
				. 10-		7 .	1				
21. I certify th	at Lattended the	deceas	ed from			14-7-1	195	Z,that	last sav	w the	deceased
alive on	tell !	19	2, and that death	occurred at	7 41	M, fram	the causes a	nd an t	he date	e state	d abave
	1	7	0		AD		et, city or lown,				TE SIGNED
ACTUAL SIGNATURE		5	Cot	MD							
3.00.00		-									
PHYSICIAN'S NAME (Type)	Dr. P.	Evan:	s Cox		E	Caston	, Md.				
220. BURIAL, CREMATION	N, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY C	R CREMATORY	22	d. LOCATIO	ON (City, town, o	or county)		(Stote	e)
REMOVAL (Specify) Burial	Apr.19.1	959	Windy Hill	Cemeterv		Trapp	e (Rura	1)	Marv.	land	
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'D B	1.		-	GNATURE		
Maurice E.	Newnam & S	on	Easton, Md.		DATE API			rething 2			
					DATE MILE	is do do w	0	THE MINISTER	a 10tal	u4.	

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SECURITIES OF SECURITION AND ASSESSMENT SECURITIES ASSESSMENT AND ASSESSMENT				THE RESERVE OF THE PARTY OF THE
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			. Mis . mod mod	THOSE MOIDING TO A COMMITTEE

4798 CERTIFICATE OF DEATH director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND arc. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hispital, give street address) d STREET ADDRESS OR INSTITUTION NAME OF First Middle 4. DATE Last Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH DIVORCED WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c)d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY burials 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) g. f). While Not while of work of work p. m. 21. I certify that I attended the deceased from alive on and that death occurred at ACTUAL shauld PHYSICIAN'S NAME (Type) 220. PURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OF CREMATOR

ADDRESS

0

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

Day

e. IS RESIDENCE

ON A FARM? YES NO

Yeor

19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES TONO (County) (Stote) M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED CATION (City town, or county) 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 1 5 '59 Cirthun & Throng

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4799

**CERTIFICATE OF DEATH** 

104796 Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Talbot MARYLAND	a. STATE MARULAND b. COUNTY CAROLING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Easton 1.2 days	Preston - Rugal
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE
Memorial Hespital	05 X - 2 ON A FARM? YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) William A Wa	shington DEATH April 14 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.  lost birthday)  Months Days Haurs Min
CO WIDOWED DIVORCED	October 79/87 7/11.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
Tohour docto	Mary land USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Washington	Margaret Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (Yes. no. or unknown) 1 (If yes, give wor or dates of service)	INFORMANT RD Address Baller
no no 213-22-7888	Mary L. Sharp De ton a mile
18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Output	Frencher DEATH
260 X DUE TO . DI LA	
Canditions, if any, which ) (b)	
gave rise to immediate cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES A NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING   CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 18.)
	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
₹ p. m. 19 at work □ at work □	
21. I certify that Lattended the deceased from.	, 19, to, 19, that I last saw the deceased
alive an	h occurred atd :50BM, from the causes and an the date stated above
Collection Collection	ADDRESS (Street, city or Jown, state)  DATE SIGNED
ACTUAL SIGNATURE	M.D. \$197.0025/7/179/017 57 /5/10059
PHYSICIAN'S FOR HIS INTERNATIONAL	Factor 11 Manuford
NAME (Type)	Le voille la estilla.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY (	OR CREMATORY 22d LOCATION (Gity, town, or county) (State)
Sand 4/18/59 MARMON	ry lem treston md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	245. REGISTRAR'S SIGNATURE APR 2 1 '59  APR 2 1 '59
-ames to Deshall 426 & pres	MA DATE

CERTIFICATE OF DEATH	
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4810 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

	4810	CERTIFIC	CATE OF DEAT	ГН	Reg. Dist.	4797 No.
1. PLACE OF DEATH	1bot	MARYLANI	II a STATE	Where deceased lived. 1 b. (	f institution: Residence	before admission)
b. CITY OR TOWN (If autsing RURAL and give nearest I	own) at a	Life	X F 2	If outside corporate limits	s, write RURAL and giv	e nearest town)
d. NAME OF HOSPITAL (IF	not in hospital, give street of BOX 146	oddress)	d. STREET ADDRESS	B0x14	6	IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF DECEASED (Type or print)	splee	Middle	111/50p	4. DATE OF DEATH	Month /	Doy / Year 6 / 19 59
Female N	egro WIDOWE		6/29/15	9. AGE (lost b)	41.4	YEAR IF UNDER 24 HRS. Dys Hours Min.
100. USUAL OCCUPATION (Ginduring most of working life	e, even if refired)	NIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (SIG	ote or foreign country)	12. CITIZI	S. A.
13. FATHER'S NAME	d War	RneR	14. MOTHER'S MAIDEN	Wilson		
15. WAS DECEASED EVER IN U (Yes, no. or unknown) (It yes, g	S. ARMED FORCES? 16. Sive war or doles of service)	SOCIAL SECURITY NO. 17	INFORMANT Les	Wilson	Address	
PART I, DEATH WA	inter only one couse per lin AS CAUSED BY: DIATE CAUSE (o)	e for (o), (b), and (c).}	Labo	or Ho	Mennid	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, w		-59m	R	V		
gave rise to immed cause (a), stating the <u>un</u> lying cause lost.						
PART II. OTHER SIC	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CONDIT	TION GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	USE OF DEATH AL EXAMINER)	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	in Part I or Part II of item	n 18.)	
ZOC. TIME OF INJURY Mo Hour o. m. p. m.	nth, Doy, Year 20d. IN While of work	Not while	PLACE OF INJURY (Home, for factory, street, affice bldg.,	orm, 20f. (City or town)	(Cou	enty) (State)
21. I certify that I alive an	Itended the decease	11	th accurred at	TU	0/	at saw the deceased
ACTUAL SIGNATURE	ayora	ra Organ	3 M.D	ADDRESS (Street, city		DATE SIGNED
PHYSICIAN'S H. T	WEBB					Y
22a. BURIAL, CREMATION, 22 REMOVAL (Specify)	1/10/59	I ry town	OR CREMATORY	Easton	tulbet co.	(Stote) MAryland
23. FUNERAL DIRECTOR'S SIGN	Dorhelp,	Coston,	Land. DATEA		4b. REGISTRAR'S SIGN	ATURE

# \$100 Per \$10 CONTRACTOR OF THE WAY OF THE WAY OF THE PROPERTY AND THE PERSON OF THE P the state of the s

## 4800 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Ped b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If/outside corporate limits, write RURAL and give rearest town) RURAL and give nearest town) 10 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Enn +1210 YES NO T = NAME OF First Middle 4. DATE Last Month Day Yeor DECEASED (Type or print) DEATH 19.55 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH hday) Months Days Hours Min WIDOWED | DIVORCED [7] YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ddress (Yes, no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ONSET AND DEATH **DUE TO** Conditions, if any, which ) gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. FLAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CATION WAS AUTOPSY PERFORMED? YES NO P 206. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. ft. foctory, street, office bldg., etc.) Not while of work of work 21. I certify that attended the deceased from 27, that I last saw the deceased and that death occurred at L. A. M, from the causes and on the date stated above. ADDRESS (Street, city of town, stote) ACTUAL 0 PHYSICIAN'S NAME (Type) FUNER age 3 s 220. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 ai KellMan Joh) Ciriting & Kraus DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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